

My Gift to the Archdiocesan 2017 Catholic Services Appeal is as follows: (This Gift Is Not Legally Binding)

Name_				
Addres	ss			
City		State	Zip	
Email A	Address			
Pl	ledged Amount \$			
Initial Pay	ment Enclosed \$			
	Balance \$			
☐ My check, payable to "St. Mary of the Hills CSA 2017", is enclosed.				
Please send a Reminder Envelope as indicated below:				
□ 9 Monthly Payments (starting in July)□ Quarterly (Jul/Oct/Jan/Apr)				
Make Checks Payable to				
St. Mary of the Hills CSA 2017				
Signed				_
Parish Auditors Use Only				
\$				**CCA
Initial Payn				CATHOLIC SERVICES APPEAL
☐ Check☐ Cash				
	Date	Auditor		